



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600003

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 27 MAIN STREET CORPORATION

DOING BUSINESS AS MOREY'S TAVERN

ADDRESS 27 MAIN ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: MOREY, PAUL E. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON THE FIRST FLOOR, BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600004

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PLEASANT CAFE INC. OF MAYNARD

DOING BUSINESS AS

ADDRESS 36 MAIN ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: DZERKACZ,
Francis J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ADD 300 FOOT PATIO.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600005

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NAKORN THAI INC.

DOING BUSINESS AS SIAM VILLAGE

ADDRESS 98 MAIN ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: MACDONALD,
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, DINING ROOM, REST ROOMS, REAR KITCHEN. FRONT ENTRANCE, REAR
ENTRANCE AND EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600006

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAINI ENTERPRISES, INC

DOING BUSINESS AS SAVORING INDIAN CUISINE

ADDRESS 157 MAIN ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: GUHANIA,
NARINDER S

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM FIRST FLOOR OF A THREE STORY BUILDING. BASEMENT FOR STORAGE IN SAID BUILDING

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600007

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TANGIER LLC

DOING BUSINESS AS RIVER ROCK GRILL

ADDRESS 163 MAIN ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: EASTMAN, SAID

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT EXIT, ONE SIDE AT STREET LEVEL FLOOR. ONE BASEMENT ROOM FOR FUNCTIONS, DESK SEASONAL UNTILL 10PM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600008

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEIGHBORHOOD BRICK OVEN PIZZA, INC

DOING BUSINESS AS

ADDRESS 76 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: HALLIGAN,
COLENE P.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1400SQ.FT. RESTAURANT WIT ONE REAR EXIT AND ONE FRONT ENTRANCE/EXIT AS
WELL AS LOCKED STORAGE SPACE IN BASEMENT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600010

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEEHOON CORPORATION

DOING BUSINESS AS BLUE COYOTE GRILL

ADDRESS 137 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: KIM, TAEK-SOO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ALTERATION OF PREMISES ADDING 858 SQUARE FEET TO LICENSED PREMISES. 38 NEW SEATS INCLUDING FUNCTION ROOM. ONE NEW ENTRANCE/EXIT.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600011

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JK WONG, INC.

DOING BUSINESS AS CHINA RUBY

ADDRESS 042-46 NASON ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: WONG, KINNY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; DINING ROOM AND KITCHEN.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600012

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KNIGHTS OF COLUMBUS BLDG. ASSOC. OF MAYNARD

DOING BUSINESS AS

ADDRESS 40 SUMMER ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: Cullen, William

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 2 ROOMS AND KITCHEN. ROOM FOR DANCING. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 067600013

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STERLING GOLF MANAGEMENT, INC.

DOING BUSINESS AS MAYNARD GOLD COURSE

ADDRESS 50 BROWN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: OSGOOD, KEVIN F. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEMI PRIVATE GOLF CLUB; DANCE FLOOR; MENS & LADIES ROOM; LOUNGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600014

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAYNARD ROD & GUN CLUB INC.

DOING BUSINESS AS

ADDRESS 45 OLD MILL ROAD

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: PETTIS, BRIAN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON FIRST FLOOR AND CELLAR CONSISTS OF ONE ROOM AND IS USED AS A DINING ROOM OF 1/2 STORY BUILDING. BASEMENT IS USED FOR STORAGE. SEASONAL USE OF OUTDOOR PAVILLION AND ATTACHED KITCHEN AREA

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600015

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAYNARD LODGE #1568 OF B.P.O.E. OF U.S.A.INC.

DOING BUSINESS A MAYNARD LODGE OF ELKS #1568

ADDRESS 34 POWDER MILL RD.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: MACGLASHING, DOUGLAS
TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 DINING ROOMS,KITCHEN,LOBBY AND CHECK ROOM. LOWER
LEVEL;LOUNGE,FUNCTION ROOM,KITCHEN,2 LAVATORIES AND FOYER. BASEMENT IN
SAID BLDG. 11 ROOM TOTAL

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600018

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THAI CHILLI, INC.

DOING BUSINESS AS THAI CHILLI

ADDRESS 40 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: PATHUMWAN,
APINYA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600019

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANK J.DEMARS A.L.POST #235 INC. AMER.LEGION

DOING BUSINESS A

ADDRESS 51 SUMMER ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: CARR, CAROL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; 2 ROOMS HALL AND TOILETS. ONE ROOM USED FOR STORAGE. 2ND FLR; 4 ROOMS. 3RD FLR; 2 ROOMS. BASEMENT USED FOR DRINKING ; BOILER ROOM. MAIN ENTRANCE ON SUMMER ST, ADDITIONAL ENTRANCES ON ALL SIDE OF BUILDING

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600020

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KLKC, INC.

DOING BUSINESS AS ORIENTAL DELIGHT

ADDRESS 51 WALTHAM ST.

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: LAM, LIANNE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE DINING ROOMS, ONE LOUNGE AND BAR FIRST FLOOR. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600022

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HALFWAY CAFÉ, INC.

DOING BUSINESS AS HALFWAY CAFÉ, INC.

ADDRESS 51 MAIN ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: BALDWIN, LANCE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, TWO ROOM KITCHEN. TWO SINGLE BATHROOMS. FULL BASEMENT FOR DRY STORAGE AND OFFICE. UNFURNISHED ROOM IN REAR THAT WILL BE CONVERTED INTO SEATING/ PRIVATE DINING AREA. ALCOHOL WILL BE STORED IN BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600024

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OFF LICENSE ENTERPRISE, INC

DOING BUSINESS AS MAIN STREET LIQUORS

ADDRESS 48 MAIN ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: O'DWYER,
KATHLEEN M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; TWO ROOMS, FRONT AND REAR ENTRANCE, BASEMENT FOR STORAGE.
DELIVERY ENTRANCE IN REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600025

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THAI SURA-MERAI LLC

DOING BUSINESS AS MERAI LIQUORS

ADDRESS 129 MAIN ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: PATHUMWAN,
ITHIPOL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR. FRONT ROOM FOR SALES, BACK ROOM FOR STORAGE. ONE FRONT AND
BACK DOOR. BASEMENT FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600026

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ONLINE WINE AND LIQUORS, INC

DOING BUSINESS AS THE OWL

ADDRESS 86A POWDERMILL ROAD

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: WOLLENBERG,
CARLTON

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR STREET LEVEL WITH SALES AREA. ONE LAVATORY. ONE REAR EXIT, ONE
REAR EMERGENCY EXIT. TWO FRONT EXIT TO SALES AREA. ONE FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600027

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRP CORPORATION

DOING BUSINESS AS BUD'S VARIETY

ADDRESS 180 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: PATEL,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

RAMCHANDRA K

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 FLOOR CONSISTING OF THE SALES OR STORE AREA, STORAGE ROOM, WALK IN COOLER, RESTRM. ENTRANCE IN FRONT OF STORE & EXIT ON REAR SIDE THROUGH STORAGE ROOM. TOTAL AREA BEING 1,430 S. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600029

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUSSELL'S CONVENIENCE STORE, INC.

DOING BUSINESS AS

ADDRESS 193 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: SALAMONE,
RUSSELL J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT DOOR ENTRANCE LOCATED FIVE FEET FROM THE SIDES OF THE BUILDING; ONE
EXIT OR SERVICE DOOR ON THE LEFT SIDE TOWARDS THE REAR OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600030

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ARVIND URMILA CORPORATION

DOING BUSINESS AS

ADDRESS 49 WALNUT STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: PATEL, ARVIND

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, ON ENTRANCE BASEMENT FOR STORAGE AND TWO ROOMS FOR STORAGE
ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600033

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHONG'S ORIENTAL CUISINE, INC.

DOING BUSINESS AS LITTLE PUSAN

ADDRESS 83 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: BAILEY, CHONG
OK

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE FROM MAIN STREET INTO DINING ROOM REAR EXIT THROUGH
KITCHEN AT REAR OF DINING ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600034

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARRON RESTAURANT GROUP LLC

DOING BUSINESS AS PEYTON'S

ADDRESS 86 POWDERMILL RD

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: CARRON, JASON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4586SQFT 105 SEAT RESTAURANT IS PLANNED WITH 2 ADA COMPLAINT RESTROOMS.
1800SQFT KITCHEN AREA REMAINING FOOTAGE FOR RESTAURANT SEATING.
BASEMENT WILL BE STORAGE FOR DRY GOODS. 1000 +/- sq ft... WITH 76 SEATS / 2
EXPANDED BATHROOMS, FUNCTION AREA WITH BAR @ 1500 SQ. FT.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600036

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SEAWITCH, INC.

DOING BUSINESS AS QUARTERDECK FISH MARKET & RESTAURANT

ADDRESS 175 MAIN ST

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: BASILE,
CHRISTOPHER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO MAIN ENTRANCES LOCATED AT FIRST FLOOR AND BASEMENT. ENTRANCE IS AT STREET LEVEL. ONE REAR EXIT FROM FRONT OF 177 MAIN ST. ENTRANCE IS AT STREET LEVEL. ONE REAR EXIT FROM KITCHEN. TWO EXITS IN BASEMENT; ONE EXIT IN REAR AND ONE EXIT ON SIDE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600037

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAST IRON KITCHEN,LLC

DOING BUSINESS AS CAST IRON KITCHEN

ADDRESS 177 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: GAGNON, JOHN
PIERRE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 067600038

CITY OR TOWN MAYNARD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MINA LLC

DOING BUSINESS AS ROASTED PEPPERS

ADDRESS 65 MAIN STREET

CITY/TOWN: MAYNARD

STATE: MA

ZIP CODE: 01754

MANAGER: MORRIS, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, KITCHEN PREP AREA, OFFICE, AND 2 HANDICAPPED
BATHROOMS...FRONT ENTRANCE/EXIT, REAR ENTRANCE/EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: